

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 30, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 819103

1. Corporation Name
AMERICAN MODERN LIFE INSURANCE COMPANY



Principal Place of Business: 7000 MIDLAND BLVD, AMELIA OH 45102, US
 Mailing Address: P.O. BOX 5323, CINCINNATI OH 45201-5323

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/21/1965	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		86-6052181	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		Applied For <input type="checkbox"/>	
Zip		Zip		Not Applicable <input type="checkbox"/>	
24		29		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25		30		Added to Fees \$5.00	
25		30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLORIDA STATE INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32304				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD CONATON, MICHAEL J	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	701 RIESLING KNOLL	1.2 NAME	
STREET ADDRESS	CINCINNATI, OH 0	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CD ROHS, THOMAS J	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	692 HIDDEN GLEN DR	2.2 NAME	
STREET ADDRESS	CINCINNATI OH	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PCOO SCHWAMBERGER, KURT R	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7000 MIDLAND BLVD	3.2 NAME	
STREET ADDRESS	AMELIA OH	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VS FLOWERS, MICHAEL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7000 MIDLAND BLVD	4.2 NAME	
STREET ADDRESS	AMELIA OH	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VT TIERNY, JAMES	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7000 MIDLAND BLVD	5.2 NAME	
STREET ADDRESS	AMELIA OH	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	EVD BOBERG, KENNETH	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700 MIDLAND BLVD	6.2 NAME	
STREET ADDRESS	AMELIA OH	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James P. Tierney REQUIRATES P. TIERNEY 4/23/99 513-943-7200
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)